Asthma in Pregnancy and Breastfeeding

Information in this leaflet is general in nature and should not take the place of advice from your health care provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect.

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.[1]

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, her unborn baby may not receive enough oxygen leading to increased risk of poor growth, preeclampsia (a serious condition of pregnancy associated with high blood pressure), prematurity and stillbirth.[1]

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

It is also important that women with asthma have the flu vaccine when they are pregnant or trying to conceive as they are at increased risk of complications of influenza infection. **Further information regarding flu vaccine in pregnancy can be viewed in the MotherSafe link- Influenza Vaccination.**

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.[1]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**.[1]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 1st line treatment. If uncertain, please ring MotherSafe.

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. Earlier research looking at prednisolone in pregnancy suggested an association with cleft palate and lip in the baby but this has not been confirmed in later research.[2]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.[1]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.[1] 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.[3]

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.Australian Asthma Handbook: Advising pregnant women about good asthma control: http://www.asthmahandbook.org.au/populations/pregnant-women
2.Skuladottir H, Wilcox AJ, Ma C, Lammer EJ, Rasmussen SA et al. Corticosteroid use and risk of orofacial clefts. Birth Defects Research Part A, Clinical and Molecular Teratology.2014
3. HaleTW, Rowe HE. Medications and mother's milk. 16th ed. Plano: Hale Publishing; 2014.

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