

# SECTION 6: ASTHMA AND PREGNANCY THE ASTHMA HANDBOOK



**P**regnant women are breathing for two. When asthma is controlled, pregnant women with asthma have no more problems during pregnancy and giving birth than women who do not have asthma. However, uncontrolled asthma during pregnancy can lead to serious problems for both mother and baby. If you have asthma and you're pregnant, or are planning to become pregnant, see your doctor or certified asthma educator.

When you are pregnant, it is especially important to have your asthma under good control. Breathing problems in the mother can limit the oxygen supply to the baby.

### How your asthma changes when you're pregnant

In general, one third of pregnant women with asthma notice that their asthma symptoms improve during pregnancy, one third of women have asthma symptoms that stay the same, and one third of women have asthma symptoms that get worse. Also, each pregnancy may affect your asthma differently.

#### If you have uncontrolled asthma, there is a higher risk of:

- premature birth
- low birth weight
- maternal blood pressure changes (preeclampsia)

## MANAGING ASTHMA WHILE YOU'RE PREGNANT

Acute asthma attacks endanger your baby by reducing the oxygen she or he receives. It is important to prevent an asthma episode during pregnancy, labour and delivery.

#### Here are some ways to manage your asthma while pregnant:

- Avoid your asthma triggers.
- Continue taking your asthma medications (as prescribed by your doctor) during pregnancy, labour and delivery.
- Get your flu shot if you have not already had it this year. A flu shot can be taken after the first three months of pregnancy. (Note: flu shots are not recommended for anyone with an egg allergy.)
- Exercise carefully as advised by your doctor.
- Don't smoke. A pregnant woman who smokes has a greater risk of having a severe asthma attack at some time during the pregnancy. This could seriously reduce the oxygen supply to your baby, especially if your baby's blood already contains a large amount of carbon monoxide gas from

#### YOUR ASTHMA IS WELL-CONTROLLED IF YOU HAVE:

- daytime symptoms less than four days a week
- nighttime symptoms less than one night every two weeks
- normal physical activity
- mild and infrequent symptom flare-ups
- not missed school or work
- used your rescue medication (blue puffer) less than four doses a week (except one dose per day prior to exercise)
- peak flow is 90% or greater of personal best

cigarette smoke. Infants are three times more likely to die of Sudden Infant Death Syndrome (SIDS) if their mothers smoked during or after pregnancy.

- **Avoid second-hand smoke.** Both you and your baby can be affected by second-hand smoke. Ask friends and family not to smoke.

### Monitoring asthma control

When you are pregnant, your body goes through many changes. Some of these changes are due to asthma. You and your doctor need to monitor your asthma symptoms so that your medications can be adjusted accordingly.

#### Your doctor can monitor your asthma by using:

- **Spirometry:** This is a simple breathing test that measures how much air you can push out of your lungs and how fast.
- **A peak flow meter:** This is a handheld device to measure the rate you can blow air out of your lungs. The goal is to try to maintain normal or near normal rates.
- **Ultrasound:** This test uses sound waves to create images that provide an indication of your baby's growth. A gel is put on your abdomen and a handheld sensor projects an image of your baby onto a computer screen.

#### Your doctor will assess the health of your baby by using:

- **Electronic fetal heart-rate monitoring:** A Doppler is a small device that is pressed against your abdomen and allows you to hear your baby's heartbeat.
- **Non-stress test:** This test monitors your baby's heart rate over a period of time.
- **Daily kick charts:** These charts are used to monitor your baby's activity. You can keep a record of when you feel your baby kick or move. The charts can be compared over a period of time to see your baby's activity pattern.

## ASTHMA MEDICATIONS AND PREGNANCY

The risks of uncontrolled asthma are far greater than the risks to the mother or baby from the medications used to control asthma. If you are pregnant or plan to become pregnant, tell your doctor. Taking care of your asthma needs to be addressed at the same time as taking care of your pregnancy. If possible, use the same doctor for both your asthma care and pregnancy. However if this is not possible, all doctors need to work together.

## Drugs to avoid during pregnancy

Take your asthma medications as directed by your doctor. Be careful about taking any other medications. There are many over-the-counter, prescription, and herbal medications that should not be taken during pregnancy. Check with your doctor or pharmacist before taking any non-prescribed medication when you are pregnant.

If you have any questions about medication use during pregnancy, please speak with your doctor, pharmacist or certified asthma educator.

## WHAT CAN YOU EXPECT WHEN YOU GO INTO LABOUR

### Monitoring during labour and delivery

When you are admitted to the hospital, your baby will be monitored electronically. During the course of labour, monitoring of you and your baby will continue. If your asthma is under control or you are considered low risk, continuous monitoring may not be necessary.

You may have your peak flow rate taken when you are admitted to the labour and delivery unit and every 12 hours after that. If asthma symptoms develop, peak flow rates may be measured after treatments. An intravenous, or IV, may be necessary to ensure you are well hydrated. Painkillers will help limit the risk of asthma symptoms.

### Medications during labour and delivery

- Your regularly scheduled asthma medications should be continued during labour and delivery.
- If your asthma improved during pregnancy and your medications were appropriately reduced, you may need more medication immediately following delivery.
- If your asthma has not been under good control, your doctor may give you specific instructions to go to the hospital early in your labour.
- Do not hesitate to ask for a painkiller. This will help limit your risk of asthma symptoms.

### WHAT TO DO IF YOU HAVE AN ASTHMA ATTACK WHILE PREGNANT

1. Stop all activity.
2. Take your rescue medication (blue puffer) right away, as directed by your doctor.
3. Sit down.
4. Tell someone.
5. Call 911 right away if any of these things happen:
  - The rescue medication (blue puffer) does not begin to help within 10 minutes.
  - The rescue medication wears off and your symptoms return.
  - Your symptoms keep getting worse.
  - You feel extremely anxious.

## WHAT YOU CAN EXPECT AFTER YOUR BABY IS BORN

After the baby is born, it may be necessary to change your asthma medications and doses. Because some women experience changes in their asthma during pregnancy, their asthma may change again following delivery. For this reason, you and your doctor should monitor your asthma very closely to make sure it stays well controlled.

### Breastfeeding

- Keep taking your medications as prescribed by your doctor. Inhaled bronchodilators and anti-inflammatories do not appear to cause side effects (except for theophylline, which gets into breast milk and can make the baby irritable.) If you take theophylline, talk to your doctor about other options.
- Don't smoke. Infants are twice as likely to die of Sudden Infant Death Syndrome (SIDS) if their mother starts smoking again after giving birth.
- Avoid second-hand smoke. To keep your baby healthy, don't let anyone smoke around your child or in your home.
- Avoid antihistamines because they can cause sleeplessness and irritability in infants. They can also reduce or prevent production of breast milk.

## COMMONLY ASKED QUESTIONS ABOUT PREGNANCY AND ASTHMA

### I'm pregnant and I smoke. Why should I quit?

Mothers who don't smoke are healthier. They have easier pregnancies and deliveries and recover faster after giving birth with fewer complications. Babies whose mothers are smoke-free are more likely to be born full-term, be healthy at birth and stay healthier as they grow.

### When should I quit?

Quitting before you get pregnant is the best choice. If you are already pregnant, quitting as soon as possible is best for you and your baby. Some women actually find it easier to quit while pregnant because they may already feel nauseated from morning sickness. Talk to your doctor or certified asthma educator about getting help to quit.

### Will it be too hard on the baby for me to quit when I'm pregnant?

No. Quitting smoking is the best thing you can do for you and your baby. Many of the 4,000 chemicals found in tobacco smoke cross into your baby's blood, slowing growth and development. Babies born to mothers who smoke are more likely to be premature, have a low birth weight and have more problems at birth than babies whose mothers are smoke-free. As your body begins to heal from the stress of smoking, so does your baby.

### What if my partner smokes?

Your partner should also try to quit because second-hand smoke can seriously harm the baby while you're pregnant and after the baby is born. Second-hand smoke puts your baby at risk for Sudden Infant Death Syndrome (SIDS), allergies, asthma, ear infections and other illnesses. It is important for your child to live in a smoke-free home.

Be supportive of your partner's efforts to quit. If your partner isn't ready or willing to quit, you can still insist on a smoke-free home. Never allow smoking in your home or car. It's not enough to ban smoking near your baby either. The chemicals in tobacco smoke get trapped in your clothing, carpet, furniture and curtains. These chemicals stay in your house and can make your baby sick. Don't take your baby to places where people are smoking or have been smoking.

### Will my baby have asthma?

Maybe. There is a genetic link to asthma. The exact cause is not known. A family history for asthma or any associated conditions (eczema, hay fever) increases the chance of the baby having asthma. Asthma can develop at any age, but is more common in children.

### You can help reduce your baby's chances of developing asthma by:

- not smoking, especially during pregnancy.
- not allowing smoking in your house or car.
- breastfeeding exclusively (breast milk only) for a period of at least four months.
- not having cats or dogs in the house if either parent has allergies.