

Asthma and pregnancy

Asthma is one of the most common conditions that co-exists with pregnancy. As well as asthma affecting your pregnancy, your pregnancy can also have an impact on your asthma symptoms.

This factsheet is designed to give you an overview of what changes can occur, and how you should manage them.

How does asthma affect pregnancy?

If you have asthma, the risk of complications to yourself and your baby during pregnancy is very small if your asthma is well controlled.

Although it may be tempting to stop your medication when you become pregnant, it is vital that you keep taking it to control your asthma. Studies have shown that it is more dangerous not to take your medication.

To keep your lungs working well, it is important to take medication regularly. This will help prevent an attack or worsening of your asthma which could make it difficult for your baby to get enough oxygen.

How does pregnancy affect asthma?

As your body produces more hormones when you are pregnant, you will notice many changes to your body. This includes changes to your breathing system. It is normal for all women to notice an increased shortness of breath or a blocked nose, particularly in the last three months of pregnancy.

Pregnancy affects women with asthma in different ways. Current evidence suggests that one-third of people with asthma have improved symptoms during pregnancy, one-third stay the same, and one-third have worse symptoms.

If you have severe asthma, your symptoms are more likely to get worse, whilst people with mild asthma usually see an improvement.



Top Tip: Stopping your inhaled steroids can cause your asthma symptoms to become worse during pregnancy which can lead to complications.

It is safe to keep taking your medication and important that you keep your asthma under control.

You may feel more stressed or worried during your pregnancy. This can sometimes affect your asthma symptoms.

It is important to try to relax during your pregnancy and visit your healthcare provider if you need extra guidance.



“My asthma symptoms did get worse while I was pregnant. I visited my GP regularly to make sure my asthma was as well controlled as possible. I also went to ante-natal yoga classes which really helped me to relax and I also learnt some useful breathing exercises to prepare me for labour.”

Rebecca Elder, a new mother with asthma

Your medication

Your asthma medication helps to control your symptoms which can reduce the risk of complications.

For ethical reasons, drugs cannot be tested in trials involving pregnant women, but studies of the routine use of all common asthma drugs, such as β -adrenergic agonists (e.g. salbutamol, salmeterol, terbutaline and formoterol) and inhaled corticosteroids (e.g. beclometasone, budesonide, fluticasone and mometasone), have not shown any cause for concern.

There is less information about newer drugs such as leukotriene antagonists (because fewer women have used them) so most doctors would not advise starting them in pregnancy. However, they have not been shown to have any adverse effects so there is no need to stop them if you are already taking these drugs and they are helping control your asthma.

By using regular medication most acute attacks can be prevented, but if an attack does occur, oral steroids (prednisolone), which are in a tablet form, are safe to use.

Your asthma medication helps to control your symptoms which can reduce the risk of complications for you and your baby. The benefit of taking treatment to keep asthma under good control far outweighs the risk of using regular medication.

Top Tip: Ask your doctor or nurse to check how you use your inhaler and to make sure that you are using the best type of device for you. Using a device that delivers the treatment efficiently to your lungs means that you may need to take less treatment.

It is important that you only take medication prescribed by your doctor to treat your asthma.



Case Study: Kirsty Warwick

Kirsty has two children and suffers from mild asthma

“My asthma actually improved during pregnancy, although my hay fever got much worse. I received lots of good advice and support from all the health professionals I spoke to. It was reassuring to hear my GP, my midwife and my obstetrician offer the same advice; keep taking your asthma medication. After I gave birth to both my son and my daughter, my asthma returned to normal.

“My advice for other women in my position would be to keep taking your inhalers. If you have any other unusual symptoms make sure you visit your GP or healthcare provider to discuss the best way of managing them.”

What support should you receive?

In the first instance, it is important to visit your healthcare provider. You will then receive care from a midwife, who can provide support during your pregnancy. You could also seek advice from the person providing your asthma care if you need extra help with controlling your symptoms.

To ensure a smooth pregnancy, it is important for all your healthcare providers to work together to provide you with the best care.

Even if you are visiting a midwife to seek advice on your pregnancy, make sure you also talk to them about your asthma symptoms as well.

Ask your healthcare provider about an asthma action plan. This can help provide a structured way of managing your asthma, and help you adjust your treatment if your symptoms change during your pregnancy.



Frequently Asked Questions

I'm worried about my asthma during labour, how should I prepare?

Asthma exacerbations are rare during labour as your body produces natural steroid hormones which helps prevent an attack. However, make sure you bring your inhaler with you to the delivery room, in case you need it.

Giving birth can be a daunting prospect and there are many things you can do to prepare mentally and physically. These include yoga, breathing exercises and meditation. Talk to your midwife about the options available in your area.



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Is it safe to breastfeed my baby while taking asthma drugs?

It is safe to breastfeed when you have asthma. In fact, a number of studies have highlighted the benefits of breastfeeding and demonstrated that it can prevent your child getting asthma and allergies.

You should continue to use your asthma medication as normal throughout breastfeeding and speak to your doctor if you have any concerns.



Apart from my medication, what else can I do to help control my asthma during pregnancy?

If you currently smoke, you are increasing the risk to your baby during pregnancy and you could exacerbate your asthma symptoms, leading to further complications. If you quit smoking, you can help avoid this risk during pregnancy and help improve your long-term health.

In addition to taking your medication, you may want to eat foods which have been suggested as beneficial to asthmatic mothers. A low salt diet and high antioxidant intake may be associated with asthma control and a good immune system. A high intake of vitamin E and olive oil during pregnancy has been suggested to reduce the risk of your baby developing asthma symptoms.

