The Asthma & Allergy Center

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Asthma During Pregnancy

Asthma affects about 10% of mothers in the United States and is the most common obstructive lung disease during pregnancy. Poorly controlled asthma during pregnancy increases complications such as high blood pressure, premature labor, and complications with the baby such as low oxygen and low birth weight. Research suggests that about 1/3 of women with asthma will experience a worsening of symptoms, 1/3 an improvement of symptoms, and 1/3 will experience no change with pregnancy. Although symptoms may vary with each pregnancy, women with more severe asthma tend to have a worsening of their control during pregnancy and asthma severity is often consistent among successive pregnancies. However, when pregnant women receive appropriate asthma management, education and social support, they are more likely to have an uncomplicated pregnancy and delivery.

Asthma Medications, Skin Testing, and Immunotherapy

In general, asthma medications are considered “safe” to use during pregnancy. This is due to the fact that the benefits of therapy outweigh the risks of not treating asthma during pregnancy. The plan for the Mom-to-be is the same as it is for any other asthma patient and should include a long-term control agent as well as a quick-relief agent. The preference is to use more established medications since they have been on the market longer. Long-term controller medications considered safe include theophylline, beclomethasone (Qvar) and recently salmeterol (Serevent) and budesonide (Pulmicort). Since leukotriene modifiers have not been studied in pregnant women, zafirlukast (Accolate) and montelukast (Singulair) should only be used with refractory asthma if they have been of benefit before pregnancy. Quick-relief medications that have an acceptable safety record include beta2-agonists (albuterol) and oral steroids (prednisone or Medrol). Proper inhaler technique is, also, important.

Allergy testing is not recommended during pregnancy but if the pregnant mother-to-be has been on a stable established allergy shot program, then allergy shots may be continued although the dose should remain stable.

Self-Management

During pregnancy, it is important to avoid asthma triggers. Avoiding asthma triggers may not only prevent asthma symptoms or exacerbations, but will help decrease airway inflammation. Avoidance of allergens such as animal dander, dust mites, mold spores, pollen, and cockroaches is strongly recommended. Exposure to irritants such as second hand smoke could trigger asthma and may affect the health of the baby. In addition, pregnant mothers should avoid persons who are ill and should receive the influenza vaccine after the first trimester.

Peak flow monitoring is also recommended daily for moderate to severe asthma or during the presence of asthma symptoms. Since peak flows measure large airways, peak flow values do NOT decrease in pregnancy and zone management should continue to be based on mom's personal best. Lastly with the approval of your Asthma and Allergy Center doctor, regular exercise is recommended for exercise-induced asthma.

Written Action Plan

Every person with asthma should have an individualized written asthma management/action plan. A written plan is necessary to not only provide communication between your Asthma and Allergy Center doctor and you, but it is also a link to your obstetrician. This plan will include daily asthma medications, instructions for early and late warning signs, as well as emergency contact and information. It is extremely important to have regular follow up with both your obstetrician and your Asthma and Allergy Center doctor.

Proper asthma management, education, and social support are necessary to enhance the quality of asthma care and promote a healthy pregnancy and uncomplicated delivery of your new baby.