

Asthma and Breastfeeding

Maintaining good control after delivery is important for your health and that of your baby.

Most medications for asthma are safe in breastfeeding but exceptions include:

- Theophylline: does cross into breast milk and can make baby irritable
- Antihistamines: can cause sleeplessness and irritability in baby, may reduce breast milk production
- Cigarette smoke: infants are twice as likely to die of Sudden Infant Death Syndrome if mother smokes after birth. They have higher rates of respiratory infections if exposed to second hand smoke in the home.

Resources

- lung.ca ▶ lung health ▶ lungdiseases A-Z ▶ Asthma
- <http://www.aafa.org/page/asthma-during-pregnancy.aspx>

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Pregnancy and Asthma

THIS IS A GUIDE ONLY.
PLEASE SEE YOUR PHYSICIAN.

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Asthma in pregnancy

Your asthma during pregnancy is affected by how well your disease is managed before you become pregnant. Women with well controlled asthma prior to pregnancy have less risk of an attack or hospitalization in pregnancy than women with active disease.

Your disease is well-controlled if you are:

- Able to be physically active without experiencing symptoms
- Sleeping throughout the night without asthma symptoms
- Attaining your personal best peak flow numbers

How does asthma change in pregnancy?

Up to 1/3 of women will have asthma attacks in pregnancy. This increases to 50% in women who have severe asthma prior to pregnancy

Monitoring asthma control

The changes in a female's body during pregnancy can make asthma assessment difficult. Objective measures are important:

- Spirometry: special breathing test your physician may arrange
- Peak Flow meter: hand held device you can use at home

If you have evidence of an asthma exacerbation your clinician may also order:

- Fetal heart rate monitoring: using a doppler
- Non-stress test: a measurement of fetal wellbeing

Are asthma medications safe?

Most asthma medications are safe in pregnancy. The risk of uncontrolled asthma far outweighs the risks of the medications.

Preventing asthma attacks

You can prevent an asthma attack by:

- Avoiding triggers
- Taking your regularly scheduled medications
- Control acid reflux (eg: Ranitidine 150mg twice daily or prescription medication from your physician)
- Control sinus congestion and post-nasal drip (eg: saline nasal spray, netti-pot, or prescription medication)

Why do we want to prevent attacks?

Having active asthma in pregnancy can have implications on both baby and mother including:

- Increased risk miscarriage or stillbirth
- Increased risk of small baby and low birth weight
- Increased risk preterm delivery
- Increased risk childhood asthma
- Maternal blood pressure elevation (Pre-eclampsia)

Managing an asthma attack

If you are having an asthma attack:

- Stop and take your rescue medication right away as directed
- Follow your asthma action plan if you have one
- **Call 911 if:**
 - **Your rescue medication does not help**
 - **Your rescue medication wears off and your symptoms return**
 - **Your symptoms keep getting worse**
 - **Your baby is moving less than usual**
 - **You feel worried, faint or unwell**