

Asthma and Pregnancy

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 As a doctor who specializes in asthma, it is not often that I see pregnant women in my office, but I do see them from time to time. While I worry about all my patients, pregnant women have special needs that makes caring for them both challenging and gratifying. Remember, we are not just looking after you, but also your awaited baby.

You must go see your doctor when you are pregnant. This is probably the most important thing you can do for your new child. If you have asthma, your doctor visits become even more important. **Asthma's Changing Patterns**
 Pregnant women with asthma are not necessarily 'high risk' patients. In fact, asthma can follow a curious pattern in pregnant patients. One third of women experience no change in their asthma during pregnancy, one third actually notice an improvement when they are pregnant, and one third may experience a flare-up of their asthma during this time. Since there is no index to predict which way a patient will react, it is necessary to closely follow every pregnant asthma patient. Most people are well aware of the myriad changes a body goes through during pregnancy - even the lungs go through interesting and intelligent alterations to adapt to the developing baby. In fact, one of the most confounding aspects of taking care of a pregnant patient is that it is normal for her to be short of breath. This makes it difficult to discern a 'normal' breathlessness from a problem that requires medication. **The Pregnant Body**
 A woman's body adjusts gradually as the pregnancy develops. Since a pregnant patient is carrying more weight, the lungs need to accommodate to the additional work of breathing caused by the weight gain. A pregnant woman breathes a little faster than normal, which is perfectly healthy. The body is raising what is called the minute ventilation (the amount of breathing you do in a minute). As the belly grows, it alters the shape of the bottom part of the chest. The chest is separated from the belly by a swathe of muscle called the diaphragm, which is a vital muscle that helps you to breathe. As the belly gains in girth, it pushes upwards against the diaphragm, preventing deep breaths and consequently increasing the respiratory rate. To make the chest a little bigger, the ribs splay outwards like bucket handles, letting the patient breathe a little deeper. **How To Tell If Your Asthma Is Out Of Control**
 It is important to monitor your asthma while you are pregnant, so that you can make sure it is always under control. Asthma warning symptoms are the same when you are pregnant as when you are not. If you notice any of the following, visit your doctor immediately:

- You are finding your usual tasks increasingly difficult because of your breathing.
- You find yourself reaching for your inhaler more than you are used to.
- You are awakened by coughing at night.
- You hear yourself wheeze on the telephone. The main message here is - do not ignore symptoms, and talk with your doctor about any changes in your breathing. Your doctor may recommend a peak flow meter. This simple device measures airflow when you blow into it, and can be an important tool for monitoring asthma. Talk to your doctor about whether it is right for you. **Medications**

A woman's asthma may need to be controlled with medication during her pregnancy. While many women are rightly concerned about the use of medications during pregnancy, uncontrolled asthma is a much greater hazard to the baby than any asthma medication. Maintaining proper lung function gives the baby oxygenated blood, which ensures that the baby is able to breathe and grow. The best way to achieve this is to make sure the asthma is properly treated and monitored.

Most drugs commonly used to treat asthma show no added risk in pregnant women or their developing babies. This means that most common inhalers and other asthma controlling medications are safe for you and the baby. Some studies have shown a mild risk of preeclampsia (a syndrome of high blood pressure during pregnancy) with steroid use for asthma. However, given that severe asthma may be associated with maternal and/or fetal mortality, the use of steroids is still recommended. There are some antibiotics, such as tetracyclines, sulfonamides and ciprofloxacin that must not be taken during pregnancy, but your doctor will advise you on this. **Some Common Questions**
 The following are a couple of questions I often hear on the topic of asthma and pregnancy.

Will my baby be OK?

With today's sophisticated medicine, infant mortality continues to improve. More and more women with chronic diseases are able to conceive and carry babies through pregnancy successfully. We see women with serious diabetes, hypertension, or asthma make a smooth transition into motherhood. If the obstetrician properly monitors the baby and there is good communication between the medical doctor and the obstetrician about the asthma, the baby is in good hands. The most important thing you can do for your baby is to avoid cigarette smoke. When you smoke, your baby suffocates - even inhaled second hand smoke can be very harmful. You need to keep cigarettes away from your developing child. A mother who smokes is more likely to give birth to a child with low birth weight and is more likely to have a child with respiratory disease, such as asthma. And if one of the parents, either mother or father, has asthma, the risk of having a child with this condition multiplies. **What if I need a cesarean section?**

Many children today are delivered by c-section, for all sorts of reasons. A cesarean section should be thought of as any other operation. For you to do well, you need to be in the best shape possible. This includes controlling your asthma. There is a little rule that is taught to doctors in training - never send a wheezing patient to the operating room. If you have been unfortunate enough to have an asthma attack when you are pregnant, then your doctor will probably suggest that you receive breathing treatments, such as nebulizers (asthma medication given in aerosolized form by facemask), before you are given anesthesia for a c-section. **How will steroids affect my delivery?**

If, during your pregnancy, you have been on steroid tablets for your asthma, your physician will likely suggest that you get

special burst doses of steroids close to delivery. These give you extra protection and support for your asthma and sometimes your blood pressure, while the baby is being born. Again, your doctors will determine how much medication you need. What if I don't want to take any medications?

Many women are proponents of natural birthing and want to avoid all medications, however if you are suffering from asthma, doing so might present a substantial, avoidable risk to the baby's well-being. After the Child is Born Remember, just because you have asthma does not mean that your baby will too - in fact, it's more likely that he will not. You should be able to use your usual medications now that the baby is born, but always check with your doctor. Not only is it safe for the baby to breast-feed, breast-feeding is also beneficial to your newborn baby's immune system. As your body recovers from the pregnancy and all the changes that happened in the lungs and chest normalize, your breathing will return to normal.