Asthma - pregnancy and breastfeeding

Summary

- Continue to take your asthma medications as prescribed when you are pregnant. It is important for your and your baby’s health that your asthma is well managed.
- Discuss any concerns with your doctor and work together to develop an asthma action plan.
- Feeling breathless in late pregnancy is common, even in pregnant women who don’t have asthma.
- Breastfeeding for at least the first six months can significantly reduce your baby’s risk of developing childhood asthma and other allergies.

During pregnancy, some mothers-to-be may feel uneasy about taking medications. However, it is important to the health of both mother and baby that the mother’s asthma is well managed.

Your baby will do best if you are breathing well and easily. Uncontrolled asthma during pregnancy, and the stress and worry about uncontrolled asthma, has been linked to poorer outcomes for both baby and mother.

Work with your doctor to create a written asthma action plan and have it reviewed at regular times during your pregnancy to make sure you are getting the best asthma care possible.

Your asthma may change during pregnancy

Pregnancy can mean a change in a woman’s asthma. For some women, their asthma worsens and for others it improves, while others experience no change at all. As the baby grows and the womb gets bigger, some women feel breathless, particularly with physical activity. This is part of the normal changes that occur during pregnancy. If you are concerned, speak to your doctor.

Asthma medications are safe during pregnancy

Asthma medications are extremely safe and appropriate for use during pregnancy. Most asthma medications are inhaled, which delivers medication directly to the airways where it is needed, so a small dose can often be enough.

Asthma medication is not dependent on circulation through the bloodstream and, to some extent, bypasses the baby.

Discuss any concerns you have with your doctor before stopping any asthma medications, to make sure your asthma is controlled throughout your pregnancy.

Asthma during labour

Asthma attacks during labour are rare. However, you should make sure your asthma medication is always accessible, including when you are in hospital. If you have asthma symptoms during labour, take your reliever medication as usual.

Severe or unstable asthma during pregnancy

Uncontrolled asthma has been linked with premature births and low-weight babies. If your asthma is severe or unstable, your asthma action plan should include a plan for labour that takes anaesthetic options into account. This action plan needs the input of both your obstetrician and your asthma specialist.

Asthma and pregnancy – the health risks of smoking

You can improve and better manage your asthma if you don’t smoke. You can also avoid exposing yourself and your baby to a range of health risks.
Smoking has many damaging effects on your developing baby, including:

- risk of a premature birth
- lower birth weight, which can bring about other complications
- risk of fetal death (stillbirth) and sudden infant death syndrome (SIDS)
- risk of asthma and respiratory infections.

Pregnancy complications more commonly experienced by women who smoke include ectopic pregnancy, stillbirth, miscarriage, problems with the placenta, premature rupture of the membranes and premature labour.

So if you are pregnant, quitting smoking is ideal. If you need help to quit, see your health professional for information and advice or call Quitline.

Asthma and breastfeeding

Most asthma medications are safe to take during breastfeeding. If you are concerned, speak with your doctor.

Australia has one of the highest asthma rates in the world. The Australian Bureau of Statistics estimates that more than 2.5 million Australians are affected by asthma. Some of the factors that may have contributed to the rise in childhood asthma over the past decade include:

- increased exposure to viral infection while young
- changes in lifestyle
- exposure to house dust mites
- not enough oily fish in the Australian diet
- fewer women breastfeeding their newborn babies.

Breastfeeding your newborn baby for at least the first six months can significantly reduce your child’s risk of developing childhood asthma and other allergies.

Breastfeeding is a learned skill and it may take time for you and your baby to get it right. Some women give up trying to breastfeed because they are worried their baby might not be getting enough milk during the learning and establishing process.

If you are having trouble breastfeeding your baby, there are lactation experts available to help you, such as your midwife or maternal and child health nurse.

Where to get help

- Your doctor
- Obstetrician
- Midwife
- Pharmacist
- **Asthma Australia (Victoria)** Tel. 1800 ASTHMA (278 462)
- Maternal and child health nurse.
Content on this website is provided for information purposes only. Information about a therapy, service, product or treatment does not in any way endorse or support such therapy, service, product or treatment and is not intended to replace advice from your doctor or other registered health professional. The information and materials contained on this website are not intended to constitute a comprehensive guide concerning all aspects of the therapy, product or treatment described on the website. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions and to ascertain whether the particular therapy, service, product or treatment described on the website is suitable in their circumstances. The State of Victoria and the Department of Health & Human Services shall not bear any liability for reliance by any user on the materials contained on this website.

For the latest updates and more information, visit www.betterhealth.vic.gov.au