

ASTHMA & PREGNANCY



Looking after your asthma is more important than ever. You will be breathing for yourself and your baby.

Having good control of your asthma when you are planning a pregnancy and during pregnancy will provide the best protection for you and your baby.

UNDERSTANDING YOUR LEVEL OF ASTHMA SYMPTOM CONTROL

Think about your asthma over the last four weeks and look at the chart below to see if your asthma control is good, partial, or poor.

Good control	Partial control	Poor control
All of:	One or two of:	Three or more of:
Able to do all your usual activities	Less able to do your usual activities	Less able to do your usual activities
No asthma symptoms during night or on waking	Any asthma symptoms during night or on waking	Any asthma symptoms during night or on waking
Daytime symptoms no more than two days per week	Daytime symptoms more than two days per week	Daytime symptoms more than two days per week
Need reliever no more than two days per week*	Need reliever more than two days per week*	Need reliever more than two days per week*

*Not including reliever taken before exercise.

PLANNING A PREGNANCY?

If you are planning a pregnancy, see your doctor to discuss your asthma before you become pregnant.

It is important to achieve good asthma control before you become pregnant and to maintain it during pregnancy. Asthma that is poorly controlled or untreated increases the chances of complications during pregnancy.

Your doctor will check that you are on the best medications for your asthma and for pregnancy. They will also discuss any other medications or complementary therapies you are taking and any vaccinations that are recommended (e.g. influenza and pertussis).

If you think you need to adjust your medication prescription, this is best to discuss with your doctor before you become pregnant, or after the delivery.

Be sure to ask your doctor for a written Asthma Action Plan, or, if you already have one, ask your doctor to review it with you.

If you smoke, now is the best time to quit. If people you know smoke, ask them to avoid smoking around you and absolutely avoid inhaling their secondhand smoke.

Being a non-smoker increases your chance of becoming pregnant and reduces your risks of complications during pregnancy. Additionally, smoking is harmful to your unborn baby, increasing the risk of pre-term birth, low birth weight and a number of other serious complications. Smoking also increases the chance your baby will develop asthma or other health problems. It can also make your own asthma worse, which is difficult to treat.

For help, speak to your doctor or call the Quitline on 13 78 48, for specific advice about quitting and pregnancy.

I AM PREGNANT - WHAT DO I DO ABOUT MY ASTHMA?

1 in 9 people in Australia have asthma.

During pregnancy, some women will experience an increase in asthma symptoms. The key to staying well with asthma during pregnancy is having frequent check-ups about your asthma, knowing how to respond if you have an asthma flare-up, and, for most pregnant women with asthma, taking a preventer every day as prescribed.

Recent Australian trials have demonstrated that good asthma control during pregnancy through regular use of inhaled preventers not only benefits the mother but significantly reduces likelihood that children will experience respiratory problems in their infancy and early childhood.

Your level of asthma symptom control can change during your pregnancy. Make sure you are well prepared.

- Keep taking your asthma medications, including your daily preventer
- Have regular asthma check-ups with your doctor - every four weeks during your pregnancy
- Ask your doctor for a written Asthma Action Plan or, if you already have one, ask your doctor to review it with you at the start of your pregnancy
- Discuss your written Asthma Action Plan with your obstetrician and/or midwife
- Tell your doctor, obstetrician and midwife about any changes in your asthma symptoms

Will my asthma become worse during pregnancy?

There is a chance it could. One in three women in Australia will experience an improvement in their asthma symptoms during pregnancy, while at least one in three women will find it becomes worse.

The risk of a serious asthma flare-up is higher if you stop taking your asthma medications. If your asthma becomes worse, follow your written Asthma Action Plan and see your doctor.



1 IN 3

women in Australia with asthma will find it becomes worse during pregnancy



Will asthma medications harm my baby?

Most asthma medications are safe and should be continued during pregnancy. Taking prescribed medications for asthma is safer for you and your baby than having poorly-controlled asthma.

Having an asthma attack or flare-up can be harmful for your baby during pregnancy so it is important to stick to the best treatment prescribed to avoid this.

If you find your symptoms are under control or have improved since becoming pregnant and you take high doses of preventer medicine, it is ok to discuss reducing the dose with your doctor.

Never change your medication plan without discussing with your doctor first.

Can I just put up with asthma symptoms while I'm pregnant?

No — this is unsafe and not recommended. Untreated or poorly controlled asthma or having asthma flare-ups increases the risk of pregnancy complications such as low birth weight, pre-term birth or complications from reduced oxygen supply. If you're 'putting up with it' then your baby probably is as well.

What happens if I have an asthma flare-up or attack?

An asthma flare-up can come on suddenly, or slowly over days to weeks. Your written Asthma Action Plan will show you what to do if your asthma is becoming worse. If you experience symptoms or a flare-up, make sure to also see your doctor and let them know your asthma has changed. An asthma attack is managed the same way during pregnancy as at other times.

If you are having an asthma attack or your asthma is worsening, treat it according to your written Asthma Action Plan. If your symptoms don't improve, call Triple Zero (000).

Seek help early. Do not wait until your asthma is severe. Start using your blue/grey reliever according to the instructions on your written Asthma Action Plan. Remember to tell ambulance and emergency staff that you are pregnant.

Hay fever and allergy control?

If hay fever or other allergies trigger your asthma symptoms, you may be able to treat this with medications. Speak to your doctor or midwife before buying or taking allergy medications.

WHAT SHOULD I DO NOW?

- Get a written Asthma Action Plan from your doctor
- Tell your obstetrician and/or midwife that you have asthma and discuss your written Asthma Action Plan with them
- Keep taking your preventer medication even when well
- Always carry your reliever medication with you
- Have regular asthma check-ups during your pregnancy (every four weeks)
- Tell your doctor, obstetrician or midwife if your asthma symptoms are changing
- Avoid exposure to tobacco smoke

DO YOU:

- Ever wake up at night coughing, wheezing or breathless?
- Become short of breath with normal activity?
- Use your reliever more than two days a week?

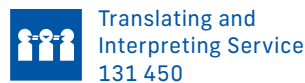
If you answered YES to any of these questions, it may indicate that your asthma is not under good control. See your doctor.

REMEMBER: IF YOU CAN'T BREATHE, NEITHER CAN YOUR BABY

This brochure, developed by Asthma Australia, provides basic information about managing asthma while you are pregnant.

Other Asthma Australia resources:

- Asthma Basic Facts
- Asthma Triggers
- Asthma Medications and Devices
- Things to Ask and Tell Your Doctor
- Asthma and Smoking



All Asthma Australia information is consistent with the National Asthma Council's, The Australian Asthma Handbook (2020).

Asthma Australia information does not replace professional medical advice. People should ask their doctor any questions about diagnosis and treatment.

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ASTHMA FIRST AID

Blue/Grey Reliever

Airomir, Asmol, Ventolin or Zempreon and Bricanyl

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma



DIAL TRIPLE ZERO (000) FOR AN AMBULANCE IMMEDIATELY IF THE PERSON:

- is not breathing
- suddenly becomes worse or is not improving
- is having an asthma attack and a reliever is not available
- is unsure if it is asthma
- has a **known allergy to food, insects or medication and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available), even if there are no skin changes, then use a reliever**

1



SIT THE PERSON UPRIGHT

- Be calm and reassuring
- Do not leave them alone

2



GIVE 4 SEPARATE PUFFS OF RELIEVER PUFFER

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
 - Repeat until 4 puffs have been taken



If using **Bricanyl**, give 2 separate inhalations (5 years or older)

If you don't have a spacer handy in an emergency, take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. **Repeat** until all puffs are given

3



WAIT 4 MINUTES

- If breathing does not return to normal, give 4 more separate puffs of reliever as above



Bricanyl: Give 1 more inhalation

IF BREATHING DOES NOT RETURN TO NORMAL

4



DIAL TRIPLE ZERO (000)

- Say **'ambulance'** and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives



Bricanyl: Give 1 more inhalation every 4 minutes until emergency assistance arrives