



## SUBMISSION

### Select Committee on Women's Health

9 October 2026

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Asthma Australia welcomes the opportunity to contribute to the Select Committee on Women's Health. This submission addresses the terms of reference relating to pregnancy and postpartum care, women's experiences of healthcare, professional education and the collection of evidence to inform women's health policy. Asthma Australia does not seek to comment on matters outside its expertise, including fertility treatment, pain management or medical devices.

## RECOMMENDATIONS

Asthma Australia recommends the Committee:

- 1. Include respiratory health questions in existing antenatal, postpartum and women's health assessments, with a clear pathway to asthma review when symptoms or asthma control have changed.**
2. Recognise asthma as a women's health issue in national women's health policy, including in pregnancy and postpartum care, rather than assuming it is adequately addressed through general chronic disease policy.
3. Fund education for maternal and primary care workforce, including midwives, obstetricians, GPs, maternal and child health nurses and pharmacists. The education should cover asthma assessment, advice on medicines in pregnancy and breastfeeding and continuity of care through pregnancy and after birth.
4. Fund clear, practical information for women with asthma before, during and after pregnancy, delivered through the maternity and child health services they already use.
5. Improve data collection on asthma in pregnancy and the postpartum period, including sex-disaggregated asthma data and data on asthma control and medicine use in pregnancy, so that gaps in care can be identified and tracked.
6. Ask the Ministerial Expert Panel on Women's Health to examine asthma as a distinct women's health issue, including gaps in research and data on women's experiences across life stages.

## ASTHMA MUST BE RECOGNISED AS A WOMEN’S HEALTH ISSUE

Asthma affects one in five adult Australian women and women account for 61 per cent of adults living with the condition. Yet asthma is rarely considered in routine women's health conversations, despite the way symptoms and asthma control can change across puberty, pregnancy, perimenopause, menopause and in older age.

Women's respiratory health must be recognised as part of their overall health, rather than treated as a separate issue only when symptoms become severe. This is consistent with the calls of Asthma Australia's She Needs to Breathe campaign<sup>1</sup>.

The gap between the burden of asthma and the care women receive is substantial. Data commissioned by Asthma Australia<sup>1</sup> found that only 33.6 per cent of women with asthma had a written Asthma Action Plan, while 53 per cent reported high or very high psychological distress. While these figures do not describe postpartum women specifically, they reinforce the need for healthcare services to consider respiratory and mental health together when supporting women with asthma.

## PREGNANCY AND POSTPARTUM CARE SHOULD INCLUDE ASTHMA

Asthma is one of the most common chronic conditions affecting pregnancy<sup>2</sup>. The Australian Asthma Handbook estimates that 12–13 per cent of pregnant women in Australia have asthma and states good symptom control and prevention of flare-ups protect both mother and baby<sup>3</sup>. The Handbook is clear about what good care looks like for women with asthma who are planning a pregnancy or are pregnant, which includes:

- Get advice before conceiving.
- Manage asthma actively throughout the pregnancy.
- Treat flare-ups straight away.

The Handbook is just as clear on asthma medicines during pregnancy. For most women, poorly controlled asthma poses a greater risk to mother and baby than the medicines used to treat it<sup>3</sup>. Women should receive clear, tailored advice, so they are not left to stop or change treatment because they are unsure whether it is safe.

The issue is this guidance does not reliably reach women when it matters. Too many are still left uncertain, and some stop their medicines at the very time they need them<sup>4</sup>. Good guidance is not enough on its own. It must be built into routine care, so every woman with asthma gets the right advice before and during pregnancy, regardless of postcode or medical practitioner.

Best-practice maternal care should make asthma visible at existing points of contact. Antenatal appointments are a key, and currently underutilised, point for identifying and managing asthma in pregnancy. Routine antenatal appointments should ask about respiratory symptoms, review asthma control and medicine use, and make sure each woman has a current written action plan, so she knows what to do if her symptoms worsen.

Continuity of asthma care should extend into the postpartum period. Where ongoing review is needed, maternity services should formally handover to the woman's usual GP or respiratory specialist. Without that link, asthma management is at risk of falling away after birth. This continuity

matters most in the postpartum period, when women are managing the physical, emotional and practical demands of caring for a newborn and their own health often drops down the list.

Asthma Australia proposes building respiratory screening questions and a clear pathway to asthma review into existing maternal and child health care. We are not proposing a separate service. Women would not have to attend extra appointments, and the change can be delivered within current maternity care at minimal additional cost. Embedding these steps in antenatal and postnatal care pathways would make good asthma care a routine part of maternity care, rather than dependent on individual clinicians.

## WOMEN’S EXPERIENCES OF HEALTHCARE

Hormonal changes across a woman’s life, including during pregnancy, can affect asthma symptoms and control. However, this should not result in respiratory symptoms being attributed to pregnancy or hormonal change without appropriate assessment. Women’s reports of new or worsening breathlessness and wheeze should be taken seriously and investigated.

### Case study: Kathryn’s story<sup>5</sup>

During her pregnancy, Kathryn noticed she was wheezing. When she raised it, she was reassured it was probably just part of being pregnant.

However, at 17 weeks pregnant with twins, her breathing deteriorated rapidly. She had a life-threatening asthma attack and was admitted to intensive care, where she had to be intubated.

Only after the attack was she diagnosed with asthma.

Kathryn's wheezing was dismissed as part of pregnancy and she nearly lost her life. When women say their breathing has changed, they must be listened to and their symptoms properly investigated.

## PROFESSIONAL EDUCATION

Asthma Australia recommends that education for the antenatal and postnatal workforce, including midwives, obstetricians, GPs, maternal and child health nurses and pharmacists, covers:

- recognising asthma symptoms
- why maintaining asthma control during pregnancy matters
- evidence-based advice on asthma medicines in pregnancy and while breastfeeding
- when to refer for further assessment.

## EVIDENCE TO INFORM WOMEN’S HEALTH POLICY

Australian research has identified gaps in asthma care during pregnancy, but the evidence is yet to provide a complete national picture of women’s experiences across pregnancy and after birth. In one Australian survey of women receiving usual antenatal care, 36 per cent reported that their asthma had not been reviewed during pregnancy<sup>6</sup>. Other studies have examined asthma medicine use and adherence<sup>7</sup>, while linked-data research has found a decline in inhaled corticosteroid dispensing after birth<sup>8</sup>. These findings warrant closer attention to examine how often women stop or change their asthma medicines in pregnancy, how many have their asthma reviewed in antenatal

care, or what happens to asthma control in the postpartum period. Without this evidence, gaps in care stay hidden and are hard to address.

Asthma Australia supports better collection and reporting of asthma data by sex and life stage, including asthma control, medicine use and access to care during pregnancy and after birth, as part of the Ministerial Expert Panel on Women’s Health’s work.

## CONCLUSION

Women should not have to choose between attention to their pregnancy or postpartum needs and attention to a chronic condition that affects their breathing. Including asthma in the care women already receive is a practical step towards earlier recognition, better continuity of care and a women’s health agenda that reflects the conditions women live with.

## ABOUT ASTHMA AUSTRALIA

Asthma Australia is the nation’s peak body representing nearly 2.8 million Australians living with asthma. Our work is grounded in evidence and informed by the lived experience of people with asthma. Our programs reflect a commitment to outcomes-focused, equity-driven reform, integrating community insight and clinical expertise to strengthen person centred asthma care.

## CONTACT

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## REFERENCES

- <sup>1</sup> [Asthma Australia – She Needs to Breathe](#). Cited 2026 October 7
- <sup>2</sup> [Couillard S, Connolly C, Borg C, Pavord I. Asthma in pregnancy: An update. Obstet Med. 2021 Sep;14\(3\):135-144. doi: 10.1177/1753495X20965072. Epub 2020 Nov 1. PMID: 34646341; PMCID: PMC8504309.](#)
- <sup>3</sup> [Australian Asthma Handbook | Asthma in pregnancy](#)
- <sup>4</sup> [Denton E, Jensen ME, Brew BK, Hew M, Murphy VE. Asthma in Pregnancy. Allergy. 2026 Jan;81\(1\):84-108. doi: 10.1111/all.70087. Epub 2025 Oct 6. PMID: 41051000.](#)
- <sup>5</sup> [“I just wanted to know they were OK”: Kathryn’s story of asthma and pregnancy - Asthma Australia](#)
- <sup>6</sup> [McLaughlin K, Jensen M, Foureur M et al. Are pregnant women with asthma receiving guideline-recommended antenatal asthma management? A survey of pregnant women receiving usual care in Australia Women and Birth, 2022; 36, 108-116](#)
- <sup>7</sup> [Robijn AL, Jensen ME, McLaughlin K, Gibson PG, Murphy VE. Inhaled corticosteroid use during pregnancy among women with asthma: A systematic review and meta-analysis. Clin Exp Allergy. 2019; 49: 1403–1417. https://doi.org/10.1111/cea.13474](#)
- <sup>8</sup> [Brew BK, Murphy VE, Lundholm C, et al. Maternal asthma activity and offspring asthma: a linked- data population study in Australia and Sweden. BMJ Open Respir Res 2026;13:e004010. doi:10.1136/bmjresp-2025-004010](#)