

Pregnancy

This factfile covers:

- Pregnancy
- Labour
- Breastfeeding
- What food should I give my baby?
- Will my baby develop asthma?
- Where else to go for information

Introduction

During pregnancy your body goes through many changes and this can affect your asthma in different ways.

Some people may find their asthma improves, some experience no change in their asthma and some find their asthma gets worse.

This information sheet will help to answer some of the questions you may have about your asthma in pregnancy. We also recommend speaking to your doctor, asthma nurse or midwife about how you can keep your asthma symptoms under control during pregnancy and labour.

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Can my asthma medicine harm my baby?

No. In general, the medicines used to treat asthma are safe in pregnancy. This includes reliever inhalers, preventer inhalers, long acting relievers, theophyllines and steroid tablets. There are more risks to both you and your baby if you do not take your medicines and your asthma becomes uncontrolled. There is one group of asthma medicines which would not normally be started during pregnancy called leukotriene receptor antagonists (Montelukast or Zafirlukast). However if you were taking Montelukast/Zafirlukast before you became pregnant, and it is working well for your asthma, you will probably be advised by your GP to continue taking it.

What should I do if my asthma gets worse while I am pregnant?

Take your preventer regularly and your reliever inhaler as needed to relieve your symptoms and make an appointment to see you GP or asthma nurse as soon as possible. Your GP or asthma nurse may make some changes to your normal medicines or prescribe you a short course of steroid tablets. These are safe to use during pregnancy.

What should I do if I have an asthma attack while I am pregnant?

Having an asthma attack whilst pregnant is an emergency. Here are the steps of what to do if you have an asthma attack:

1. Take one to two puffs of your reliever inhaler (usually blue), immediately.
2. Sit down and try to take slow, steady breaths.
3. If you do not start to feel better, take two puffs of your reliever inhaler (one puff at a time) every two minutes. You can take up to ten puffs.
4. If you do not feel better after taking your inhaler as above, or if you are worried at any time, call 999.
5. If an ambulance does not arrive within ten minutes and you are still feeling unwell, repeat step 3. If your symptoms improve and you do not need to call 999, you still need to see a doctor or asthma nurse within 24 hours.



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Please note – our asthma attack advice is not relevant for people on the Symbicort SMART regime who should speak to their doctor or asthma nurse for asthma attack advice.

How often should I be seeing my doctor or nurse about my asthma while I am pregnant?

People with asthma usually have their asthma reviewed by a doctor or asthma nurse every year however we know that during pregnancy asthma may get better, get worse or stay the same. This can vary at different times of your pregnancy so it's a good idea to go and see your doctor or asthma nurse to have your asthma reviewed early on in your pregnancy and then to have regular reviews during your pregnancy.

Can I smoke during pregnancy?

If you are pregnant it is best for you and your baby if you stop smoking and ask people to avoid smoking around you. Women who smoke during pregnancy are more likely to have babies who have breathing problems, including asthma. Children whose parents smoke are 1.5 times more likely to have asthma.

Smoking while pregnant also has other harmful effects eg you are more likely to have a miscarriage and go into premature labour. If you are thinking of trying to quit visit the NHS Smokefree Website smokefree.nhs.uk or call the NHS Smoking Helpline:

England – 0800 022 4332,
Wales – 0800 169 0169,
Scotland – 0800 84 84 84,
Northern Ireland – 0800 85 85 85

Should I change my diet?

During pregnancy it is important to have a healthy, balanced diet with plenty of fruit and vegetables. This will help make sure that your baby gets all the nutrition it needs.

- There is no convincing evidence that avoiding any foods during pregnancy will help prevent your baby from developing asthma.
- In the past, the UK Government advised pregnant women to avoid eating peanuts. However, this guidance was revised in August 2009 following a major review of the scientific evidence. Further advice can be found on the Food Standards Agency website: food.gov.uk/safereating/allergyintol/peanutspregnancy

Labour

What if I have an asthma attack when I am in labour?

Asthma attacks during labour are very rare because your body produces extra natural steroid hormones (cortisone and adrenaline), which help to prevent asthma attacks.

If you do find yourself getting asthma symptoms during labour (eg coughing,



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wheezing, shortness of breath, tightness in the chest), use your reliever inhaler as normal. It will not harm the baby in any way. Talk to your doctor or midwife beforehand about drawing up a birth plan. This will take your asthma into account and can help to reduce any fears you may have about giving birth.

What about other complications during labour?

There are a number of different ways to control pain during labour, including pethadine and epidurals, all of which are safe for women with asthma. If you need to have an operation, it will not cause problems provided your asthma is well controlled and the anaesthetist knows that you have asthma.

Breastfeeding

Should I be breastfeeding my baby?

Some, but not all, studies have shown that breast-feeding in the first few months of life may reduce the chance of your baby developing asthma. Breast-feeding also reduces the risk of babies developing intestinal illnesses and other infections. More information on breastfeeding can be found on the NHS Choices website:

nhs.uk/Planners/breastfeeding/Pages/why-breastfeed.aspx

If you decide to bottle-feed your baby you should talk to your doctor or practice nurse about the best milk formula to use.

Will my asthma treatment interfere with breastfeeding?

- The asthma medicines that you inhale will not affect your baby when you breastfeed. Usual doses of inhaled medicines do not enter the bloodstream, so they won't be found in breast milk.
- The medicine in steroid tablets can sometimes be present in very small quantities in breast milk. However, there is too little to have any harmful effect on your baby.
- Medicines prescribed for asthma do not affect your ability to produce breast milk.

What food should I give my baby?

The Department of Health guidelines suggest that the possibility of developing food allergy is less likely if certain foods are introduced into a baby's diet later rather than sooner. The guidelines suggest that babies should be breast-fed or bottle-fed until they are at least six months old. Breast-feeding (and/or breast milk substitutes if used) should continue beyond the first six months, along with appropriate types and amounts of solid foods. Examples of these are:

- At 6-9 months: vegetables, fruit other than citrus fruit, rice, meat, chicken and pulses (eg lentils) – these should be mashed or pureed.
- At 9-12 months: foods containing wheat (eg pasta, bread, biscuits), fish, eggs, yoghurt, cheese and citrus fruit
- Over 12 months: ordinary cows' milk

You may have heard about previous advice to avoid giving children foods which contain peanuts before the age of three if there was a history of allergy in the child's



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immediate family (such as asthma, eczema, hayfever, food allergy or other types of allergy). This has now changed because the latest research has shown that there is no clear evidence to say that this will help to reduce the risk of your child developing a peanut allergy. Talk to your GP, health visitor or medical allergy specialist before you give peanuts or foods containing peanuts to your child for the first time. For more information:
food.gov.uk/safereating/allergyintol/peanutspregnancy

Will my baby develop asthma?

We do not know the exact cause of asthma, but we do know that the tendency to develop asthma often runs in families. Research has shown:

- If both parents have asthma the chances of your baby developing asthma are higher.
- If the mother only has asthma the chances of your baby developing asthma are higher than if only the father has asthma.

Where else can I go for information?

Asthma UK Adviceline – you can call our Asthma UK Nurse Specialists for free from a BT landline on 0800 121 62 44

NHS Choices website –
nhs.uk/Planners/pregnancycareplanner/Pages/PregnancyHome.aspx

NHS 24 – Health, information and self care advice for Scotland
nhs24.com

Asthma UK
Summit House
70 Wilson Street
London
EC2A 2DB
info@asthma.org.uk

Asthma UK Northern Ireland
Ground floor
Unit 2, College house
City Link Business Park
Durham Street,
Belfast BT12 4HQ
ni@asthma.org.uk

Asthma UK Cymru
Eastgate House
35–43 Newport Road
Cardiff CF24 0AB
wales@asthma.org.uk

Asthma UK Scotland
4 Queen Street
Edinburgh EH2 1JE
scotland@asthma.org.uk

Asthma UK's Supporter Care Team – 0800 121 62 55
Asthma UK's Adviceline – 0800 121 62 44
asthma.org.uk

